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ABSTRACT

Terrorist attacks in New York City and Washington, DC, and the continued threats of terrorism have the potential to engender negative psychological effects upon school age children and their families. School counselors and mental health professionals working with children need to be knowledgeable regarding interventions which allow students to openly discuss immediate and future concerns, cumulative stressors resulting from on-going terrorist threats, and post-terrorism psychopathology. This digest will familiarize readers with basic Critical Incident Stress Debriefings (CISD), outline the differences between CISD and the Adapted Family Debriefing Model for school students, and describe how mental health professionals can use this model as a post-terrorism response intervention. (Author)

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by

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When Terrorists Strike: What School Counselors Can Do

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Terrorist attacks in New York City and Washington, DC, and the continued threats of terrorism have the potential to engender negative psychological effects upon school age children and their families. School counselors and mental health professionals working with children need to be knowledgeable regarding interventions which allow students to openly discuss immediate and future concerns, cumulative stressors resulting from on-going terrorist threats, and post-terrorism psychopathology (e.g., anxiety, distress, etc.). This digest will familiarize readers with basic Critical Incident Stress Debriefings (CISD), outline the differences between CISD and the Adapted Family Debriefing Model for school students, and describe how mental health professionals can use this model as a post-terrorism response intervention.

Critical Incident Stress Debriefing vs. the Adapted Family Debriefing Model for School Students

Critical Incident Stress Debriefing (CISD) is a seven-stage, small group process originally developed for use with adult emergency workers who encounter particularly distressing situations (Mitchell & Everly, 1993). Some have cited CISD as a viable intervention with children and adolescents who experience violence or suicide (O'Hara, Taylor, & Simpson, 1994; Thompson, 1990). Yet, CISD was developed solely for adult use and did not take into account the special developmental needs of children. The Adapted Family Debriefing Model, however, was developed as an assessment and intervention method for student populations exposed to violence (Juhnke, 1997). Evolved from CISD's single group experience, the Adapted Family Debriefing Model for school students requires two separate debriefing experiences. The first debriefing experience is with students' parents only. The second is a joint student-parent debriefing experience. Additionally, unlike the CISD process which utilizes nonprofessional, adult peer facilitators, the Adapted Family Debriefing Model for school students requires the use of trained mental health professionals who have specific knowledge regarding children's developmental needs.

Description

Roles

The primary team members within the Adapted Family Debriefing Model for school students are leader, co-leader, and doorkeeper. The leader explains the debriefing process, creates a supportive milieu, identifies those experiencing excessive levels of emotional discomfort, and directs team members via hand signals to intervene with distraught students or parents. In addition, the leader discusses with parents and students common symptoms experienced by children who: (a) have personally experienced terrorist acts or have suffered loss as a result of such acts (e.g., the death of a grandparent or sibling resulting from terrorism, etc.), (b) have witnessed via the media terrorist acts or the aftermath of same, (c) understand the potential for continued terrorist acts, or (d) experience the cumulative effects of multiple terrorist acts. The leader normalizes manifest symptoms and encourages parents to recognize more severe symptomatology which may require additional counseling (e.g., recurrent encopresis, persistent outbursts of anger, chronic hypervigilance).

Co-leaders add relevant comments during the session and give immediate support to students and parents who become emotionally distraught. They also help prevent disruption that may otherwise inhibit group dynamics. The doorkeeper prevents nonparticipants, such as news journalists, from entering the session. Doorkeepers also prevent severely distraught students or parents from bolting from sessions.

Before the Debriefing

Before the debriefing, team members should be apprized of the circumstances surrounding the debriefing. For example, is the debriefing the result of the death of a fellow student from a terrorist act? Or, is the debriefing in response to cumulative effects of terrorist activities? Additionally, teams should learn whether or not students' parents are at increased risk due to their occupations or have a greater probability of being activated into military service. These factors will likely have an influence upon participants' moods and their perceptions of terrorist acts.

Separate Debriefings for Parents and Students

Parent and student needs are often different. Thus, the first session is conducted with parents. It is important to keep the number of parents small (i.e., fewer than 12). Parents often express frustration and anger regarding their inability to adequately protect their children from terrorism. Many will perceive the situation as "hopeless" and "out of their control." Thus, it is imperative that the team keeps parents focused on the immediate needs of their children. Promises of future student safety cannot be guaranteed and detract from the students' immediate needs. Parents need to be reminded that the goals of this session are to: (a) learn about possible symptoms their children may exhibit, (b) obtain available referral sources, and (c) learn to validate and normalize their children's concerns.

During the joint student-parent debriefing, two circles are formed. No more than five or six students of similar ages should sit in the inner circle with friends or familiar peers presenting with similar concerns. Parents should sit behind their children, promoting a perception of stability, unity, and support.

Seven-step Adapted Family Debriefing Model

1. *Introduction step.* During the introduction step, the leader identifies team members and establishes rules for the debriefing experience. Persons not directly related to the children or debriefing process are asked to leave. Confidentiality is explained in terms understandable to the students and participants are encouraged not to discuss what is said within the session outside

the debriefing room. The leader states that the purpose of the session is to help students better understand their feelings about the specific terrorist act and increase their coping skills related to continued terrorist threats.

2. Fact gathering step. The second step of the process is fact gathering. The leader will ask the children to report what the experience of the terrorist act was like for them. Should the debriefing be related to terrorist acts which the students indirectly observed via media coverage, the leader may begin by asking about what the students saw on television. Those speaking are encouraged to state what they did when they first saw or heard about the terrorism. Emphasis is placed upon telling the *facts* of what each student encountered. However, should students begin sharing feelings, the leader and co-leaders should acknowledge emotions expressed and indicate that these feelings are normal.

3. Thought step. This transitional step helps participants move from the cognitive to the affective domain. The leader asks questions related to what students thought when the terrorism erupted. During this step it is crucial to continue to validate and normalize each student's reported thoughts and perceptions.

4. *Reaction step.* The thought step can quickly give way to the emotionally charged reaction step. Here, the focus should be kept upon participants' reactions to the terrorism. Typically, the leader will start with a question like, "What has been the most difficult part of seeing the airliner fly into the Twin Towers?"

5. Symptom step. During this step, the leader helps direct the group from the affective domain back to the cognitive domain. The leader uses age appropriate language to ask students about any physical, cognitive, or affective symptoms experienced since the violent episode. Often the leader will discuss symptoms such as nausea, trembling hands, inability to concentrate, or feelings of anxiety, asking those who have encountered such experiences to raise their hands. Such a show of hands helps normalize the described symptoms and often helps survivors experience relief.

6. Teaching step. Symptoms experienced by group members are reported in age appropriate ways as being both normal and expected. Possible future symptoms can be briefly described (e.g., reoccurring dreams of being attacked). This helps both parents and students better understand symptoms that they may encounter and gives permission to discuss such symptoms. During this step the group leader may ask, "What have you done or noticed your friends, teachers, and parents doing that have helped you handle this situation?" This question suggests that the students are doing well and helps them begin to look for signs of progress. Sometimes older students will express feelings of support from peers, teachers, or parents. Younger students may use active fantasy, such as pretending to be a hero, to help them better cope with their fears or concerns.

7. *Re-entry step.* The re-entry step attempts to place some closure on the experience and allows participants to discuss further concerns. The leader may ask students and parents to revisit pressing issues, discuss new topics or mention thoughts which might help the debriefing process come to a more successful end. After addressing any issues, the debriefing team makes a few closing comments related to group progress or support. A hand-out for students and another written for adults discussing common reaction symptoms can be helpful. Younger children may prefer drawing faces which depict how they currently feel (e.g., anxious, sad, frightened). Later parents can use these pictures as conversation starters with their children at home. Hand-outs should list a 24-hour helpline number and include the telephone number for the student's school counselor. Often, it is helpful to introduce parents to their child's school counselor at the debriefing.

Post-Session Activities

After the session, team members should mingle with parents and children as refreshments are served, looking for those who appear shaken or are experiencing severe distress. These persons should be encouraged to immediately meet with a counselor. The promotion of peer support (both parent and student) is important. Students and parents should be encouraged to telephone one another over the next few days to aid in the recovery process.

Summary & Conclusion

The Adapted Family Debriefing Model for school students described above demonstrates promise for helping both student survivors of terrorism and their parents cope with negative psychological and social effects. The model has distinct differences from traditional CISD and was developed specifically for students. The model is relatively easy to implement and can be modified to meet the needs of students and parents alike.

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